

Attornsy's Docket No.: 10284-018001 Client's Ref. No.: MGH 1571.0

COMPANED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PHOTOCHEMICAL TISSUE BONDING, the specification of which:

	[] [X]	is attached hereto. was filed on <u>February 12,</u>	2001 as Application Serial No	. <u>09/781,577</u> and was a	mended on		
:	[]	was described and claimed and a	l in PCT International Applicati s amended under PCT Article 1	on No 9 on	filed on		
includi	I hen	reby state that I have review claims, as amended by any	ed and understand the contents amendment referred to above.	of the above-identified sp	pecification,		
Title 3	I acl 7, Cod	knowledge the duty to disclose of Federal Regulations, §1	ose all information I know to be 1.56.	material to patentability	in accordance with		
applica	I heation(s)	reby claim the benefit under) listed below:	Title 35, United States Code, §	119(e)(1) of any United	States provisional		
		U.S. Serial No.	Filing Date	Status	5		
-	60/1	81,980	February 11, 2000	Expired			
busines	I her	reby appoint the following a te Patent and Trademark Off	ttorneys and/or agents to prosectice connected therewith:	cute this application and	to transact all		
P Loui	s Mve	ers, Reg. No. 35,965	I auria Rutla	r Lawrence, Reg. No. 46	502		
	•	French, Reg. No. 30,175		ollazo, Reg. No. 46,635	,,,,,,		
	Add	ress all telephone calls to Lo	ouis Myers at telephone number	(617) 542-5070.			
	Add	Address all correspondence to Louis Myers at:					
	FISI	H & RICHARDSON P.C.					
		Franklin Street					
	Bos	ton, MA 02110-2804					
	T had	uales, da alono that all statemen			11		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Attorney's Docket No.: 10284-018001 Client's Ref. No.: MGH 1571.0

Combined Declaration and Power of AttorneyPage 2 of 2 Pages

Full Name of Inventor:	IRENE E. KOCHEVAR	
Inventor's Signature: Residence Address: Citizenship: Post Office Address:	Charlestown, MA US 17 Monument Square Charlestown, MA 02129	Date: June 15,200
Full Name of Inventor:	ROBERT W. REDMOND	
Inventor's Signature: Residence Address: Citizenship: Post Office Address:	West Newton, MA 177 Derby Street West Newton MA 02465	Date:
Full Name of Inventor:	DIMITRI AZAR	
Inventor's Signature: Residence Address: Citizenship: Post Office Address:	Brookline, MA Lebanon 271 Clinton Road Brookline, MA 02445	Date:

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